Approved for use through 11002001. CMS 6061-4038
U.S. Patient and Trademak Office (1000001) Approved to the through 11002005. CMS 6061-4038
U.S. Patient and Trademak Office (1000000)
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

hereby revoke all pr 37 CFR 3.73(b).	evious powers of attorney g	liven in the appli	cation identified in the a	ttached statement under	
hereby appoint:		,		1	
X Practitioners associated with the Customer Number:		42624			
	ed below (if more than ten patent p	oractitioners are to b	e named, then a customer num	nber must be used):	
	Name	Registration Number	Name	Registration Number	
ny and all patent applicat Itached to this form in ac	to represent the undersigned before tions assigned only to the undersig cordance with 37 CFR 3.73(b). pondence address for the application	ned according to the	e USPTO assignment records	or assignment documents	
$\overline{\mathbf{X}}$ The address associated with Customer Number: OR		42624			
Firm or Individual Name Address					
City		State		Zip	
Country				<u></u>	
Telephone			Email		
ssignee Name and Addr	ess: Avocent Corpor	ation			
	4991 Corporate				
	Huntsville, AL 3				
iled in each applicati he practitioners app	ogether with a statement und on in which this form is used binted in this form if the app application in which this Po	d. The statement ointed practition	under 37 CFR 3.73(b) ma	y be completed by one of	
The in	SIGNA lividual valuese signature and title	TURE of Assignee is supplied below is		f the assignee	
gnature UL IV lun			Date	Date 12-14-05 Telephone 256-430-4000	
ame Doyle C. Weeks			Telepho	ne 256-430-4000	
y the USPTO to process) ar	is required by 37 CFR 1.31, 1.32 and a application. Confidentiality is governe- ing, preparing, and automating the comp	d by 35 U.S.C. 122 an	d 37 CFR 1.11 and 1.14. This col	lection is estimated to take 3 minute	

commants on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer.
U.S. Patient and Trademant Office, U.S. Department of Commerce, P.O. Box 1450, Nexandria, V.A. 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Nexandria, V.A. 22313-1450